



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT:	
IRO CASE NUMBER:	M2-05-2118-01
NAME OF REQUESTOR:	Pedro Nosnik, M.D.
NAME OF PROVIDER:	Pedro Nosnik, M.D.
REVIEWED BY:	Board Eligible in Orthopedic Surgery
IRO CERTIFICATION NO:	IRO 5288
DATE OF REPORT:	08/12/05

Dear Dr. Nosnik:

Professional Associates has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO) (#IRO5288). Texas Insurance Code Article 21.58C, effective September 1, 1997, allows a patient, in the event of a life-threatening condition or after having completed the utilization review agent's internal process, to appeal an adverse determination by requesting an independent review by an IRO.

In accordance with the requirement for Texas Workers' Compensation Commission (TWCC) to randomly assign cases to IROs, TWCC has assigned your case to Professional Associates for an independent review. The reviewing physician selected has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, the reviewing physician reviewed relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal. determination, and any documentation and written information submitted in support of the appeal.

This case was reviewed by a physician reviewer who is Board Eligible in the area of Orthopedic Surgery and is currently listed on the TWCC Approved Doctor List.

I am the Secretary and General Counsel of Professional Associates and I certify that the reviewing physician in this case has certified to our organization that there are no known

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conflicts of interest that exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for determination prior to referral to the Independent Review Organization.

REVIEWER REPORT

Information Provided for Review:

An evaluation by an unknown provider (the signature was illegible) dated 08/04/04
An MRI of the cervical spine dated 08/09/04 and interpreted by Margaret Hollar, D.O.
A chart note from Benjamin Cunningham, M.D. dated 01/21/05
A surgical report dated 02/08/05 from Dr. Cunningham
An MRI of the cervical spine dated 02/08/05 and interpreted by an unknown physician (no name or signature was available)
Another operative report from Caetano Coimbra, M.D. dated 02/18/05
A follow-up evaluation with Dr. Cunningham dated 02/25/05
An evaluation with Bonnie Westrope Rawot, M.D. dated 03/04/05
An evaluation at Royse City Medical and Surgical Clinic dated 03/04/05 from Dr. Ron Jones, D.A.A.P.M.
Another evaluation with Dr. Cunningham dated 03/09/05
An MRI of the cervical spine performed on 04/30/05 and interpreted by Michael Ginsburg, M.D.
An EMG/NCV study of the right upper extremity performed on 05/24/05 and interpreted by Pierre Herding, M.D.
A follow-up evaluation with Dr. Cunningham dated 06/03/05
A letter from Les T. Sandknop, D.O. addressed to Dr. Nosnik on 06/08/05
A preauthorization notice from Texas Association of School Boards, Inc. dated 06/16/05
Another follow-up note from Dr. Cunningham dated 06/21/05
A new patient evaluation dated 06/24/05 from Pedro Nosnik, M.D.
A chart note from Dr. Nosnik dated 06/27/05
Another preauthorization notice from Texas Association of School Boards, Inc. dated 06/29/05

Clinical History Summarized:

On ___, the claimant had upper back pain from a workers' compensation injury one week prior. He had pain between the shoulder blades up into the neck, headaches, and constant pain

that felt like joint pain. An MRI of the cervical spine on 08/09/04 revealed mild posterior osteophytic spurring with associated disc bulges at C2-C3, C5-C6, and C6-C7. The claimant underwent a C6 laminectomy at the midline and a C7 laminotomy at the midline on 02/08/05 by Dr. Cunningham. The postoperative diagnoses were a subdural hematoma versus possible intraparenchymal injury to the cervical spine, upper and lower extremity numbness, and spinal core compression. On 02/18/05, the claimant underwent a reexploration of the C5-C6 laminectomy and microsurgical resection of the subdural hematoma. An MRI dated 04/30/05 revealed the hematoma was completely removed. An EMG/NCV study on 05/24/05 of the right upper extremity revealed carpal tunnel syndrome and mild chronic radiculopathy. On 06/08/05, Dr. Sandknop addressed a letter to Dr. Nosnik, recommending a repeat EMG/NCV study of the upper extremities, as well as the lower extremities. On 06/16/05, the Texas Association of School Board provided a preauthorization notice denying the repeat bilateral upper extremity EMG/NCV study. On 06/29/05, Texas Association School Boards denied the reconsideration of the bilateral upper extremity EMG/NCV study.

Disputed Services:

A repeat bilateral upper extremity EMG/NCV study

Decision:

I agree with the insurance carrier and do not feel that the repeat bilateral upper extremity EMG/NCV study would be reasonable or necessary.

Rationale/Basis for Decision:

According to the records, Dr. Pierre Herding, a physician who has been board certified in adult and pediatric neurology, performed a nerve conduction study of the right upper extremity on 05/24/05. The results showed the claimant had carpal tunnel syndrome and mild chronic C7 radiculopathy. Later, Dr. Cunningham stated it was his opinion that full upper and lower extremities needed to be done to look for any spinal cord injury. It was Dr. Cunningham's intent to use the upper and lower extremity EMG/NCV studies to pick up any subtle cord compression and to follow the claimant with those EMG/NCVs to see if any would occur due to the hematoma that occurred postsurgically. However, the EMG/NCV study was denied and on a later note dated 06/27/05 from Dr. Nosnik stated the rational for the EMG/NCV study at this time was to "restage and objectify the patient's persistent symptoms". In this setting, in my opinion, a repeat EMG/NCV study would not be necessary. There was no change in the claimant's neurological status from the previous EMG/NCV study. There was no evidence of

any change in the physical examination that would lead one to think that a repeat EMG/NCV would be necessary. The thorough neurological examination done by Dr. Nosnik would not reveal any evidence of persistent radiculopathy or cord compression. It would be extremely rare for a cord compression to manifest itself late, after the hematoma has already been dealt with surgically and the claimant has done fine from that. Again, there would be no reason for a repeat EMG nerve conduction study for persistent radiculopathic symptoms when, by examination, there has been no interval change in the claimant's presentation or symptomatology.

This review was conducted on the basis of medical and administrative records provided with the assumption that the material is true and correct.

This decision by the reviewing physician with Professional Associates is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings/Appeals Clerk **within ten (10) calendar days** of your receipt of this decision (28 Texas Administrative Code 1133.308 (v) (1)).

If disputing other prospective medical necessity (preauthorized) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings/Appeals Clerk **within twenty (20) calendar days** of your receipt of this decision (28 Texas Administrative Code 148.3).

This decision is deemed received by you **five (5) calendar days** after it was mailed (28 Texas Administrative Code 102.5 (d)). A request for a hearing should be faxed to 512-804-4011 or sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P. O. Box 17787
Austin, TX 78744

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

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I hereby verify that a copy of this Independent Review Organization's decision was sent to the respondent, the requestor, TWCC and the claimant via facsimile or U.S. Postal Service this day of 08/12/05 from the office of Professional Associates.

Sincerely,

Lisa Christian
Secretary/General Counsel